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Code

Appn

Program

ARBITRATOR'S REQUEST FOR COMPENSATION

	P		NO.	NO.									
	vs.	DEFENDANT											
This case was resolved by settlement. The arbitration settlement and order of removal from the trial calendar have been filed with the clerk of the court.													
This ca	se was resolved by	award. The arbi	tration award h	as been filed with t	the clerk of the court.								
	lease total time in the categories below. Any additional itemized breakdown may be submitted as an additional attachment but should not take the place of this timesheet. The following time was												
<mark>an additic</mark>	<mark>nal attachment l</mark>				et. The following time was								
devoted by the Arbitrator to this case:													
Total Hours	Administrative Time (Scheduling hearing / mailing / e-mailing / e-filing)												
	Review of materials submitted by parties for Hearing/Motions (Both before and after the hearing/motions)												
	Hearing / Pre-Trial Motions/ Post-Trial Motions (<u>Do not</u> include Travel/Parking)												
	(Time parties are all together for testimony or argument. Should include time on phone or in person)												
	Preparation of Award /Opinion (Not to exceed 2 hours)												
	TOTAL HRS Costs (you must provide an invoice of costs and these must not to exceed \$10												
	w/out approval from Mandatory Arbitration Supervisor)												
I will accept State Half as full compensation: □YES □NO													
Arbitrator's s	ignature on this fo	rm certifies that	she/he was du	ly appointed and s	served on this case for the time								
stated above	•												
Signature Date Signed													
FOR OFFICE USE ONLY Make check payable to:													
Charge to	TOTAL	Name of fire											
County													
Charge to			Arbitrator's name (typed) Mailing address										
State	anarrad Dru	City, State, F											
Payment App	proved By:	•	Tax Identification Number										
			(Used for reporting compensation to Internal Revenue Service)										
Signature, Di	gnature, Director of Arbitration Attorney at Law Retired Judge												
			OR STATE USE O										
Doc Date	Date Payment Due	Current Doc No.	Ref Doc No.	Vender No.	Vendor Message								

Budget

Project

Project

Invoice

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